STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-033-20876 -00-00

LEASE NAME Merrill Ranch

WELL NUMBER 1-35

1640 Ft. from S Section Line

3080 Ft. from E Section Line

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Jack Exploration, Inc.

ADDRESS P.O. Box 1279

PHONE#(405) 622-2310 OPERATORS LICENSE NO. 03080

Character of Well Dry Hole

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 10-4-93 (date)

by Steve Piper (KCC District Agent's Name).

Is ACO-1 filed? 12-13-93 If not, is well log attached? Yes

Producing Formation NA Depth to Top_____ Bottom_____ T.D._____

SEC. 35 TWP. 33S RGE. 16W (E) or (W)

COUNTY Comanche

Date Well Completed 10-4-93

Plugging Commenced 10-4-93

Plugging Completed 10-4-93

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
		0	80	20'	80'	0
		0		8 5/8"	1142	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from__feet to__feet each set.

50 Sks 1160; 50 Sks @ 500'; 10 Sks @ 40'; 10 Sks mouse hole;
15 Sks Rathole All 60/40 Pos w/ 60% Gal complete 3:15 am 10-5-93
by Allied

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co., Inc License No. None Required

Address P.O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Jack Exploration, Inc

STATE OF Okla. COUNTY OF Murray ,ss.

_____ (Employee of Operator) or (Operator) of
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts,
statements, and matters herein contained and the log of the above-described well as filed that
the same are true and correct, so help me God.

(Signature)

(Address)

SUBSCRIBED AND SWORN TO before me this 13 day of October ,19 93

_____
Notary Public

My Commission Expires: My Commission Expires July 22, 1997

Form CP-4
Revised 05-88